

1 LOCATION OF WATER WELL		Fraction	Section Number	Township Number	Range Number		
County: <u>Mepherston</u>		<u>Se 1/4 Ne 1/4 Me 1/4</u>	<u>2</u>	T <u>21</u> S	R <u>4</u> <u>EW</u>		
Distance and direction from nearest town or city? <u>3E 15N</u>			Street address of well if located within city?				
2 WATER WELL OWNER: <u>H. W. Balzer</u>							
RR#, St. Address, Box #: <u>108 S Locust</u>			Board of Agriculture, Division of Water Resources				
City, State, ZIP Code: <u>Inman KS.</u>			Application Number:				
3 DEPTH OF COMPLETED WELL: <u>107</u> ft. Bore Hole Diameter: <u>9</u> in. to <u>107</u> ft., and . . . in. to . . . ft.							
Well Water to be used as:							
1 <u>Domestic</u> 3 Feedlot		5 Public water supply		8 Air conditioning 11 Injection well			
2 Irrigation 4 Industrial		6 Oil field water supply		9 Dewatering 12 Other (Specify below)			
7 Lawn and garden only		10 Observation well					
Well's static water level: <u>45</u> ft. below land surface measured on <u>4</u> month <u>14</u> day <u>20</u> year							
Pump Test Data: Well water was . . . ft. after . . . hours pumping. . . gpm							
Est. Yield <u>40</u> gpm: Well water was . . . ft. after . . . hours pumping. . . gpm							
4 TYPE OF BLANK CASING USED:							
1 Steel		3 RMP (SR)		5 Wrought iron			
2 <u>PVC</u>		4 <u>ABS</u>		6 Asbestos-Cement			
Blank casing dia: <u>5</u> in. to <u>90</u> ft., Dia: <u>5</u> in. to <u>107</u> ft., Dia: . . . in. to . . . ft.		7 Fiberglass		8 Concrete tile			
Casing height above land surface: <u>15</u> in., weight: <u>5</u> lbs./ft. Wall thickness or gauge No: <u>25-8 +</u>		9 Other (specify below)		Casing Joints: Glued <u>X</u> Clamped . . .			
TYPE OF SCREEN OR PERFORATION MATERIAL:							
1 Steel		3 Stainless steel		5 Fiberglass			
2 Brass		4 Galvanized steel		6 Concrete tile			
Screen or Perforation Openings Are:		5 Gauzed wrapped		8 <u>Saw cut</u>			
1 Continuous slot		3 Mill slot		6 Wire wrapped			
2 Louvered shutter		4 Key punched		7 Torch cut			
Screen-Perforation Dia: <u>5</u> in. to <u>100</u> ft., Dia: . . . in. to . . . ft.		8 RMP (SR)		11 Other (specify)			
Screen-Perforated Intervals: From: <u>90</u> ft. to <u>100</u> ft., From: . . . ft. to . . . ft.		9 ABS		12 None used (open hole)			
Gravel Pack Intervals: From: <u>15</u> ft. to <u>107</u> ft., From: . . . ft. to . . . ft.		10 Asbestos-cement					
5 GROUT MATERIAL:							
1 <u>Neat cement</u>		2 Cement grout		3 <u>Bentonite</u>			
Grouted Intervals: From: <u>4</u> ft. to <u>15</u> ft., From: . . . ft. to . . . ft.		4 Other . . .					
What is the nearest source of possible contamination:							
1 <u>Septic tank</u>		4 Cess pool		7 Sewage lagoon			
2 Sewer lines		5 Seepage pit		8 Feed yard			
3 Lateral lines		6 Pit privy		9 Livestock pens			
Direction from well: <u>S</u>		How many feet: <u>50</u>		Water Well Disinfected? Yes <u>X</u> No			
Was a chemical/bacteriological sample submitted to Department? Yes . . . No <u>X</u> If yes, date sample was submitted . . . month . . . day . . . year							
If Yes: Pump Manufacturer's name . . . Model No. . . HP . . . Volts . . .							
Depth of Pump Intake . . . ft. Pumps Capacity rated at . . . gal./min.							
Type of pump: 1 Submersible 2 Turbine 3 Jet 4 Centrifugal 5 Reciprocating 6 Other							
6 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) <u>constructed</u> (2) reconstructed, or (3) plugged under my jurisdiction and was completed on <u>4</u> month <u>14</u> day <u>20</u> year							
and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>100 20</u>							
This Water Well Record was completed on <u>4</u> month <u>17</u> day <u>20</u> year under the business name of <u>Backhus Drilling</u> by (signature) <u>Paul Backhus</u>							
7 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
		0	2	Top Soil			
		2	55	Yellow + Red Clay			
		55	75	Fine Sand			
		75	82	Red Clay			
		82	105	Medium Sand			
		105	107	Clay			
ELEVATION:		Depth(s) Groundwater Encountered 1. . . ft. 2. . . ft. 3. . . ft. 4. . . ft. (Use a second sheet if needed)					

OFFICE USE ONLY

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R

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EW

SEC.

SE 1/4 NE 1/4 NE 1/4

INSTRUCTIONS: Use typewriter or ball point pen, please press firmly and PRINT clearly. Please fill in blanks, underline or circle the correct answers. Send top three copies to Kansas Department of Health and Environment, Division of Environment, Water Well Contractors, Topeka, KS 66620. Send one to WATER WELL OWNER and retain one for your records.